# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 25, 2009**
**Secretary of State**

DOCUMENT# L08000080812

**Entity Name:** LE GATEAU AU FROMAGE LLC

**Current Principal Place of Business:**

1335 VOLUSIA STREET, UNIT 2
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

1335 VOLUSIA STREET
UNIT 2
TALLAHASSEE, FL 32304

**Current Mailing Address:**

1335 VOLUSIA STREET, UNIT 2
TALLAHASSEE, FL 32304

**New Mailing Address:**

1335 VOLUSIA STREET
UNIT 2
TALLAHASSEE, FL 32304

**FEI Number: 26-4468635** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARIAS, JONATHAN
1335 VOLUSIA STREET, UNIT 2
TALLAHASSEE, FL 32304 US

**Name and Address of New Registered Agent:**

ARIAS, JONATHAN
1335 VOLUSIA STREET
UNIT 2
TALLAHASSEE, FL 32304 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ 04/25/2009
Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: ARIAS, JONATHAN
Address: 1335 VOLUSIA STREET, UNIT 2
City-St-Zip: TALLAHASSEE, FL 32304

Title: MGRM ( ) Delete
Name: MCKEITHEN, PATRICK
Address: 1335 VOLUSIA STREET, UNIT 2
City-St-Zip: TALLAHASSEE, FL 32304

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JONATHAN ARIAS MR. 04/25/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date